



PER VEHICLE FEES: \$15.00
(Fees are prorated. See chart.)*

Office Use Only	
Plate Fee 42	_____
Cert. Fee 43 \$25.00	<input type="checkbox"/>

KENTUCKY TRANSPORTATION CABINET
Department of Vehicle Regulation/Division of Motor Carriers
P.O. Box 2007, Frankfort, Kentucky 40622-2007
Phone (502) 564-4127 - Fax (502) 564-4138 (8:00 A.M. - 4:30 P.M. EST)
Walk-in 8:00 A.M. - 4:00 P.M.
<http://transportation.ky.gov/dmc>

TC 95-307E
Rev. 01/08

TAXI CERTIFICATE # _____

Please type or print.

APPLICATION FOR KENTUCKY TAXI FEE RECEIPT CARD FOR YEAR _____ ☐ Add On ☐ New Authority ☐ Renewal

Name of Carrier _____

Address of Carrier _____

Street

City

State

ZIP

Phone _____

COMPANY UNIT #	VEHICLE IDENTIFICATION # (Serial #)	MAKE OF VEHICLE	YEAR	KY LICENSE PLATE #	FEE PER VEHICLE	SEATING CAPACITY	LESSOR (if vehicle is leased)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
				TOTAL FEES SUBMITTED	\$		

THIS FORM MAY BE DUPLICATED FOR FURTHER USE.

*FEES ARE PRORATED							
Jan	\$15.00	Feb	\$13.75	Mar	\$12.50	Apr	\$11.25
May	\$10.00	June	\$8.75	July	\$7.50	Aug	\$6.25
Sept	\$5.00	Oct	\$3.75	Nov	\$2.50	Dec	\$1.25

I, _____, verify under penalty of perjury, under the laws of the
Commonwealth of Kentucky, that the vehicles described in this application have successfully passed a safety inspection performed by an automotive technician who holds a
valid Automotive Service Excellence (A.S.E.) Certification recognized by the department.

Signature _____ Date _____

If using overnight delivery service, please send to: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622.